

032204 18351 U.S. PTO

PTO/SB/05 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	15-DS-00542-3 (13047US03)
	First Inventor	Stephen Dodge Edwardsen
	Title	Transesophageal Ultrasound Probe Having A Rotating Endoscope Shaft
	Express Mail Label No.	EV 219884754 US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>27</u>] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&amp;D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>4</u>]</p> <p>5. Oath or Declaration [Total Sheets <u>4</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: .....</p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 10/317,158

Prior application information: Examiner: Imam, Ali M. Art Unit: 3737

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number: <u>23446</u> OR <input type="checkbox"/> Correspondence address below					
Name	McAndrews, Held & Malloy, Ltd.				
Address	500 West Madison Street, 34th Floor				
City	Chicago	State	IL	Zip Code	60601
Country	U.S.A.	Telephone	312-775-8000	Fax	312-775-8100
Name (Print/type)	David R. Beto	Registration No. (Attorney/Agent)	51,467		
Signature	<u>[Signature]</u>	Date	March <u>22</u> , 2004		

17302 U.S. PTO  
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18351 U.S. PTO

PTO/SB/17 (11-00)

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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b>  Patent Fees are subject to annual revision.		<b>Complete if Known</b>	
		Application Number	Not Assigned
		Filing Date	Not Assigned
		First Named Inventor	Stephen Dodge Edwardsen
		Examiner Name	Not Assigned
		Group Art Unit	Not Assigned
TOTAL AMOUNT OF PAYMENT	(\$)788.00	Attorney Docket No.	15-DS-00542-3 (13047US03)

METHOD OF PAYMENT		FEE CALCULATION (continued)	
<b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>  Deposit Account Number: 070845 Deposit Account Name: GTC <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>	
<b>2. <input type="checkbox"/> Payment Enclosed:</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b> Large Entity Small Entity Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid 1001 770 2001 385 Utility filing Fee 770.00 1002 340 2002 170 Design filing Fee 1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee SUBTOTAL (1) (\$) <b>770.00</b>			
<b>2. EXTRA CLAIM FEES</b>  Total Claims 21 - 20** = 1 x 18.00 = 18.00 Claims 3 - 3** = 0 x 0 = 0 Multiple Dependent 0 = 0  Large Entity Small Entity Fee Code Fee (\$) Fee Code Fee (\$) Fee Description 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 **Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) <b>18.00</b>  **or number previously paid, if greater; For Reissues, see above			
		<b>Other fee (specify)</b> _____	
		<b>Subtotal (3) (\$)</b> _____	

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>			
Name (Print/Type)	David R. Beto	Registration No. (Attorney or Agent)	51,467	Telephone	312-775-8000
Signature		Date	March 22, 2004		

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